**CMU EMPLOYEE BUSINESS/TRAVEL EXPENSE REIMBURSMENT DEPOSIT/AUTHORIZATION**

Payroll and Travel Services, 205 Warriner Hall
Phone: (989)774-3525 or (989)774-6944
Fax: (989)774-1069

**THIS FORM IS FOR BUSINESS/TRAVEL EXPENSE REIMBURSMENT ONLY**

Name: _____ Campus ID Number: _____

Daytime Phone: _____

Financial Institution name: _____

Account Type: ☐ Checking ☐ Savings ☐New ☐ Change

Bank Routing/transfer Number: | | | | | | | | | |

Account Number: _____

I authorize Central Michigan University to initiate credit entries to my account listed above for the purpose of receiving business expense reimbursements requested by myself.

This account can only be changed by me and I understand if I change the account to which my payroll is deposited, it will have no bearing on this account. I must make a separate change for my business expense reimbursement account. I understand that this authorization replaces any previous authorization form. This will remain in full force and effect until Central Michigan University has received written notification from me of a cancellation or change.

_____ _____

Signature Date